

Name of Facility: _____													INSTRUCTIONS: Record the following information daily at least three times per day. Note the following: when the filter is backwashed/cleaned, any injuries or accidents, any chemicals added to the water, and any broken equipment (use additional pages if necessary).	
Period of Test	Actual Date/Time	Free Disinfectant (ppm or ug/mL)	Comb. Cl (ppm or ug/mL)	pH	Water Clarity (e.g. clear)	Water Temp (°F)	Flow Rate (gpm)	Filter Inlet Pressure (psi)	Filter Effluent Pressure (psi)	Pump Vacuum (in Hg)	# of Bathers	Entrap. Checklist (Yes or No)	Corrective Action	CLOSED? (Yes or No)
<b>MONDAY</b>		___ / ___ / _____												
1/2 hr Before Open	:	.	.	.		°								
Mid-Operation	:	.	.	.		°								
2 hrs before close	:	.	.	.		°								
<b>TUESDAY</b>		___ / ___ / _____												
1/2 hr Before Open	:	.	.	.		°								
Mid-Operation	:	.	.	.		°								
2 hrs before close	:	.	.	.		°								
<b>WEDNESDAY</b>		___ / ___ / _____												
1/2 hr Before Open	:	.	.	.		°								
Mid-Operation	:	.	.	.		°								
2 hrs before close	:	.	.	.		°								
<b>THURSDAY</b>		___ / ___ / _____												
1/2 hr Before Open	:	.	.	.		°								
Mid-Operation	:	.	.	.		°								
2 hrs before close	:	.	.	.		°								
<b>FRIDAY</b>		___ / ___ / _____												
1/2 hr Before Open	:	.	.	.		°								
Mid-Operation	:	.	.	.		°								
2 hrs before close	:	.	.	.		°								
<b>SATURDAY</b>		___ / ___ / _____												
1/2 hr Before Open	:	.	.	.		°								
Mid-Operation	:	.	.	.		°								
2 hrs before close	:	.	.	.		°								
<b>SUNDAY</b>		___ / ___ / _____												
1/2 hr Before Open	:	.	.	.		°								
Mid-Operation	:	.	.	.		°								
2 hrs before close	:	.	.	.		°								

Weekly Readings	Date: ___ / ___ / _____
Total Alkalinity:	
Calcium Hardness:	
Cyanuric Acid:	

Notes/Corrective Actions:

Name of Facility:					INSTRUCTIONS: Complete daily before the pool or spa is open for use as required by COMAR 10.17.01.28, before filling the pool or spa with water, after periodic maintenance, after pool cleaning, or filter cleaning. Circle Yes or No. If No, describe corrective action ("CA").							
	Suction Outlet Covers are Secure and Free from Breaks, Cracks, or Defects		Skimmers are Free of any Blockage		Inlet, Return Covers, and Fittings are In Place, Secure, and Unbroken		Warning/Alert Signs are In Place with Emerg. Instructions and Phone Numbers		On/Off Switch to Pump Clearly Labeled		Suction Vacuum Release System Releases Suction when Tested	
Date/Time:	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Operator:	CA:		CA:		CA:		CA:		CA:		CA:	
Date/Time:	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Operator:	CA:		CA:		CA:		CA:		CA:		CA:	
Date/Time:	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Operator:	CA:		CA:		CA:		CA:		CA:		CA:	
Date/Time:	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Operator:	CA:		CA:		CA:		CA:		CA:		CA:	
Date/Time:	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Operator:	CA:		CA:		CA:		CA:		CA:		CA:	
Date/Time:	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Operator:	CA:		CA:		CA:		CA:		CA:		CA:	
Date/Time:	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Operator:	CA:		CA:		CA:		CA:		CA:		CA:	
Date/Time:	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Operator:	CA:		CA:		CA:		CA:		CA:		CA:	